LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES (Commission)

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COMMISSION MEETING

Minutes

April 10, 2003

Approved
May 8, 2003

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	OAPP STAFF PRESENT
Al Ballesteros, *Co-Chair*	Adrian Aguilar	Sean Aragasigul	Kyle Baker
Nettie DeAugustine, *Co-Chair*	Carrie Broadus (E)	Alicia K. Avalos	Libby Boyce
Carla Bailey	Rebecca Johnson-Heath	Cinderella Barrios-Cernik	Robert Fish
Robert Butler	Marcy Kaplan	Robert Blue	Patty Gibson
John Caranto	Anna Long (E)	James Boyd	Alan Kurz
Genevieve Clavreul	Mary Lucey	Gordon Bunch	Jane Nachazel
Richard Corian	Edric Mendia	Diane Burbie	Ijeoma Nwackuk
Richard Eastman	Elizabeth Marte	Andy Corrigan	Martha Ruiz
Whitney Engeran	Dana Pierce-Hedge (E)	Julie Coveney	Rene Seidel
Nancy Eugenio	Alexis Rivera	Ruth Davis	Anna Soto
Gunther Freehill	Vanessa Talamantes	Mavra Gonzalez	Diana Vasquez
Alexander Gonzales	Chris Wade	Shawn Griffin	Craig Vincent-Jones
Marc Haupert	Fariba Younai	John Griggs	Juhua Wu
Charles Henry		Thomas Halstead	
Howard Jacobs		Miki Jackson	
Wilbert Jordan		Luis Lopez	
Bradley Land/Dean Page		Jo Messore	
Mike Lewis		Jane Price-Wallace	
Andrew Ma		Walt Senterfitt	
Hernan Molina		James Stewart	
Vicky Ortega		Susana Velaquez	
John Palomo		Juan Verdugo	
Chris Perry		Kathy Watt	
Paul Scott/Richard Hamilton		Sharon White	
Kevin Van Vreede		Jan Wise	
Tom West		Patricia Woody	
Michael White Bear Claws			
Rodolfo Zamudio			

AGENDA ITEM	DISCUSSION	ACTION TAKEN
I. Call To Order	Mr. Ballesteros called the meeting to order at 9:45 a.m. He introduced Jo Messore, Health Resources Services Administration (HRSA) Title I Project Officer for Los Angeles County. Ms. Messore was conducting her annual technical assistance site visit. Ms. DeAugustine introduced Ruth Davis, nominated by State Department of Health Services for the Commission's MediCal seat. Ms. DeAugustine also introduced Kathy Watt, who the Prevention Planning Committee (PPC) had nominated to their vacant seat.	
	Mr. Ballesteros asked circulated a flyer for the Alianza Latino HIV Conference, noting that it was an important medical, prevention and support services conference scheduled for the following Saturday.	
II. Approval of Agenda	There were no changes to the agenda.	**MOTION #1**: Approval of the agenda ***(Passed by consensus)***.
III. Approval of Meeting Minutes	Mr. Page called attention to page 3 of the minutes. At the March Executive Committee and Commission meetings, Bradley Land had requested a report on the client advocacy allocation from last year's priority- and allocation-setting process. Ms. DeAugustine indicated Mr. Henry would comment on that later in the meeting.	
	Mr. Page added that the food problem in District 5 was to have come up at the last Executive Committee meeting, but did not. She confirmed that staff had already placed it on the agenda for the next Executive Committee meeting.	**MOTION #2:** Approval of March 13, 2003 minutes ***(Passed by consensus)*.**
IV. Parliamentarian Training	Mr. Stewart noted that several policy issues were being reviewed by the Recruitment, Diversity and Bylaws Committee (RD&B), and he would report on them at a later date. Ms. DeAugustine noted that Mr. Stewart had been sitting in with the Commission and its committees for the last several months to ensure that rules and regulations were followed appropriately.	
V. Public Comment	Ms. Jackson presented letters and supporting documents from AIDS Healthcare Foundation (AHF) regarding their concern about the increase in administrative expenditures. She said that of the $2M increase received, only $450K would be dedicated to services directly benefiting persons living with AIDS. She believed Los Angeles was spending more on Planning Council support than any other EMA, including New York, which spent $800K despite receiving a larger grant. She said planning council support had gone from $1.1M to $1.4M, which she felt was baffling since despite staffing increases in the grant request, the Commission always seemed always to lack staff. She said nearly 24 positions were allocated to Commission staff in the last application, noting	

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	that there should either be the staff or funds. She asserted that the percentage of funds going to administrative work was rising, while the percentage going to direct services was declining.	
	Ms. Watt, Van Ness Recovery House, commented that it had been announced at the last meeting that the April meeting would be from 8:30 am to 3:00 p.m. She asked for notification when times changed, as she had been there at the earlier time waiting for the meeting to start. Mr. Ballesteros said the time had been changed at the Executive Committee and the correct time had been on today's meeting agenda. Mr. Vincent-Jones added that the agenda is posted on the website, and it is staff's intention to develop a mailing list when there are staff to manage it.	
VI. OAPP Report	Mr. Henry welcomed Ms. Messore to Los Angeles, noting that a schedule had been arranged for her visit during the week that included the local CARE Act partners: the Board Executive Offices, the Chief Administrative Office, the Auditor-Controller, County Counsel, the Director and leadership of the Department of Health Services, the Health Deputies, and various providers and OAPP program management staff.	
	Mr. Henry said OAPP was very pleased with the success of the Title I application in garnering a 5.5% increase, which the Commission applauded. Mr. Henry noted it was a particularly strong award in the context of a national funding increase of only .5%	
• APLA Evaluation Training	He also called attention to two flyers in the meeting packet promoting the program evaluation training. OAPP, he added, had contracted with APLA to conduct the training seminars.	
• Analysis of CARE Act Title I Year 13 Awards	Mr. Freehill began by introducing Ijeoma Nwachuku, who he noted had joined the OAPP Research and Evaluation Division. Dr. Nwachuku has a Doctorate in psychology, and would be performing much of the evaluation work for the SPNS project, HITS, as well as other work.	
	He then began a presentation on the Title I award, noted that the award consists of three parts. The formula Award was allocated on an esti-mate of living AIDS cases diagnosed within the last 10 years in which newer cases were given more weight. All formula awards, he continued, were moderated by a "hold harmless" provision that limits the proportion of an EMA's funds that can be reallocated to other EMAs when the EMA's formula award is less than its current allocation of funds. This method was strongly debated during the last reauthorization, he noted, but had not drawn much attention since then.	
	The supplemental award was based only on the competitive portion of the application. The reauthorization made "severe need" worth 33% of the supplemental award. Grantee administration counts for 31%, of	

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	which 26% comes from satisfactorily meeting Conditions Of Award.	
	Minority AIDS Initiative (MAI) funds were the smallest piece of the total Title I award. The MAI formula used to allocate funds among the 51 jurisdictions is based on living AIDS cases among people of color.	
	Mr. Freehill drew attention to the consistent increase in Los Angeles EMA awards from just over $33M in Year 10 to nearly $40M for Year 13. He said it was important to note that nationally the supplemental (competitive) award funding is only 80% as large as the formula award funding. He added that in the first two years of the CARE Act, the formula and supplemental award funds were equal at the federal level. Over time, he continued, additional purposes have been assigned to supplemental funding, such as administration, the "hold harmless" provision, and Special Projects of National Significance (SPNS).	
	Among all 51 jurisdictions, he went on, 38 received a net increase in their final award, while 13 received a decrease. In California, all 9 jurisdictions received a decrease in their formula awards. That reflected, he noted, a shift of cases, especially to the East Coast. California has been more successful in delaying AIDS diagnoses, he said. Also, the new HIV reporting in California will also prompt more accurate AIDS case reporting. On the other hand, two-thirds of California EMAs received an increase in the supplemental funding and two of those also received an increase in MAI funding. Overall, 6 of 9 California EMAs received a net increase, with California getting a net increase of $2,507,478.	
	Mr. Freehill said there were several causes for shifts in distribution of this year's appropriations. There was an all-time low increase of only .5% in appropriations nationwide this year. Also, the growth in AIDS cases varied dramatically from one place to another. He said he had analyzed that some years ago and found a variance in growth among the 51 jurisdictions of from about 4.5% to 14.5% annually, with an average of 10.3%. That particularly impacted formula funding and MAI funding. He added that HIV reporting only began in California on July 1st, but had been active in other parts of the country for awhile. It had been demonstrated that HIV surveillance stimulates reporting of new AIDS cases, thus impacting formula-based awards.	
	Mr. Freehill pointed out that – with the percentage of cases rising while funding remained essentially flat – the application's competitive aspect took on greater significance. Increased funding to one jurisdiction then often came at the expense of decreased funding to another.	
	Comparing the formula awards of Year 13 and Year 12, Mr. Freehill noted a national increase of 1%, offset by the 1% decrease in supple-	

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	mental awards, resulting in the overall .5% increase. The Los Angeles formula award had declined by 2% from Year 12 to Year 13.	
	Mr. Jacobs asked why, since the formula award was based on AIDS cases, the Los Angeles percentage decreased while HIV surveillance increased the number of AIDS cases reported. Mr. Freehill replied the decrease in funding was both because other areas had shown a larger absolute increase in AIDS cases and because we had a less mature HIV surveillance system that detected fewer cases now.	
	Mr. Henry noted that awards were determined proportionately. There were two factors OAPP considered most responsible for the decrease in Los Angeles' proportion of formula funding, he said Los Angeles had a mature care system that was probably deterring progression to AIDS, and Los Angeles had not yet, due to the system's newness, seen the major increase in AIDS case reporting usually associated with HIV surveillance.	
	Mr. Butler asked if San Diego had a larger funding increase due to earlier initiation of HIV reporting as one of the California's HIV surveillance pilot sites. Mr. Henry replied that could have had some effect within California. He reiterated, though, that all nine jurisdictions lost formula award funds. Mr. Henry added that Ms. Messore had reminded him that AIDS cases used by HRSA in the formulas are those reported to the CDC, which also represents a lag time. He noted that the State Office of AIDS had experienced staff shortages that could have widened the reporting lag time. Ensuring quick reporting was another area deserving vigilance, he noted.	
	Mr. Jacobs noted that Los Angeles allocates a large proportion of its funding for Outpatient Medical, which, most likely, delays the onset of AIDS. He asked if that was also true of other California jurisdictions. He noted that, if so, that would penalize those who were proactive with care. Mr. Henry replied that California was one of the states hit first and had a very generous ADAP program. He said those factors contribute to the management of the disease, but, conversely, complicate funding patterns – noting that the subject had been discussed during the reauthorizations. He felt that the financial disincentive would be addressed with the shift to HIV reporting.	
	Mr. Freehill said the supplemental award declined 1% nationally, but rose 15% locally. The MAI increased nationally by 4.1%, but declined locally by .5%. Overall, there was a .4% increase in appropriations nationally, with a 5.4% increase locally for a net increase of about $2M. The request was about $50M and the grant was $39,994,550.	

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	Ms. Messore noted that request amounts are not taken into consideration in determining awards; rather, formulas are used for formula awards, and points for supplemental awards. Mr. Freehill said that, as a matter of principle, OAPP applied for an increase commensurate with increases in local cases, though it is understood that political reality will not likely garner that degree of funding.	
	Mr. Jacobs suggested the staffing pattern might need to be re-addressed due to the smaller amount received. Mr. Henry noted all allocations, including planning council support, are made by percentage, so adjustments are made automatically. He added that the CARE Act also anticipates that Planning Councils look at other sources of funding to address needs, a process that is ongoing. Some jurisdictions, he said, actually received more than requested due, in part, to how they allocate funds. He felt the Commission better embodied the CARE Act intent by using a percentage approach that could expand or contract.	
	Mr. Freehill noted it was important to pay attention to the ratio between the formula and supplemental awards. The national supplemental award, he noted, was only 80.2% of the formula award in Year 13. Since the supplemental award is competitive, one way to evaluate the effectiveness of an application is how well a jurisdiction does in relation to the overall average. In Year 11, the ratio was 83.6%, but Los Angeles did poorly with only 72.4%, and a ranking of 47 out of 51 jurisdictions. In Year 12, the ratio was 81.1%, with Los Angeles improving to 83.4% at a ranking of 18. For this Year 13 with its 80.2% nationally, Los Angeles received 97.8%, and a ranking of 4. The three leading jurisdictions, he noted were Houston, Orange County and San Francisco, in that order, ranging from 99.5% and 98%.	
	He also called attention to the fact that the final award was affected by national funding and competitiveness, as well as ranking. For example, last year Los Angeles received a $3M increase – the largest monetary award – with a ranking of 18. This year, Los Angeles received a $2M increase with a ranking of 4. He underscored that it was important to continue the political work to support CARE Act funding.	
	Mr. Freehill addressed the breakdown of points used to score the supplemental award. Total possible points were 100. It was not yet known how the Los Angeles award was scored. Grantee Administration, at 31 points was the second largest category, after Severe Need at 33. 25 of the 26 possible Conditions Of Award (COA) points were earned because the Commission did not meet the initial deadline for consumer membership (but did meet it later).	

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	The overall supplemental award total was $18,693,751. Based on 99 possible points for the Los Angeles award, but without any specific knowledge of how the application did on each of the sections (HRSA does not release the point scores), estimates were presented of funds earned for each category. Severe Need, with 33 points, possibly earned an estimated $6,231,250.	
	Grantee Administration, with 30 points, earned an estimated $5,664,773. He underscored that was for administering the grant and reminded the group that administrative costs were capped at $1.8M. About $3.8M, therefore, was earned beyond grant funds, for administrative use. He added that administration of the grant cost more than funds that could be recovered from it. The difference, approximately $3.8M, was paid through Net County Costs.	
	Planning Council Roles and Responsibilities, at 10 points, possibly earned an estimated $1,888,258, as did Quality Management. The description of the Impact of Title I Funding, at 6 points, possibly earned an estimated $1,132,955. Implementation Progress on the Previous Year, at 5 points, possibly earned an estimated $944,129, as did the Plan for Next Year.	
	Mr. Freehill said the next step would be to incorporate the Title II consortium funds award, and confirm the actual allocations once that funding award is known. The Title II award had not yet been received, but would be approximately $2M. Since Title I and II priorities are set by the Commission at the same time, specific service funding can not be determined until both amounts are known.	
	Sharon White, Project Angel Food, asked for information on the downward trend in MAI funding. Mr. Freehill replied MAI funds were not associated with a specific piece of legislation, as are most grants. Instead, it is appropriated each year. That made it more difficult to sense how it would be addressed, as well as when and how to apply political pressure. Monies are allocated from a large amount used to fund multiple Federal programs including Title I, prevention services, substance abuse initiatives from SAMHSA, and others. Overall, MAI funds had increased from year to year, he said, though the tight financial situation this year had impacted it. He added that Senator Kennedy had worked very hard this year to secure a 5% funding increase. In California, MAI funding to 7 of 9 jurisdictions had declined because funding was based entirely on living AIDS cases among people of color. While local needs were increasing, he noted, numbers on the East Coast were increasing more rapidly. He added that MAI was important, but still only	

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	$2M of the nearly $40M in funding.	
	Mr. Jacobs asked if, again, Los Angeles could be experiencing a funding decrease due to success in identifying PWHIV and getting them into treatment, consequently postponing their progression to AIDS. Mr. Henry added that comments made in regard to the formula award applied to MAI as well. Mr. Jacobs recommended that funding formulas be revisited during the next reauthorization process to reward jurisdictions that did well in identifying PWHIV and getting them into treatment. Mr. Henry replied that the shift to HIV reporting would correct the current difficulty and was a key reason he had been a strong proponent of HIV surveillance. He added that both he and Dr. Fielding had sent letters to all providers. Gordon Bunch had said that reporting had improved dramatically, though there was now a lag in processing new reports because Mr. Bunch had had hiring delayed by Human Resources. That same hiring delay might be replicated at the State level, as noted earlier, so vigilance was needed to get accurate numbers quickly.	
	Al Ballesteros asked if any of the supplemental award increase was due to the current health care system crisis in Los Angeles. Ms. Messore replied that it was mentioned in the Severe Need section, which is where its impact would be felt. She noted that Los Angeles County did very well in documenting Severe Need.	
	Mr. Ballesteros then asked if the Los Angeles estimate of people of color among the increasing estimate of unidentified PWHIV+ in Los Angeles impacted the size of the MAI. Ms. Messore replied that the MAI Award was based solely on a formula for AIDS cases among people of color. She added that the CDC numbers used were almost one year old because they must use numbers for the last full reporting period. Mr. Henry contributed that, with the slow start-up of HIV surveillance, current people of color stats would most likely show up in CDC statistics in about two years.	
	Mr. Scott said that there was a mismatch between the two reasons noted for the MAI decrease (early access to care that delayed progression to AIDS, and slow initiation of HIV surveillance with had been shown to identify previously unreported AIDS cases), since – if people were entering care earlier – it would seem that new AIDS cases would be caught earlier. He added that he was not aware of any particular program that benefited from the small pool of MAI funding.	
	Mr. Henry responded that there were multiple factors influencing the formula awards. First, each jurisdiction's award was in relation to the other 50 jurisdictions. Los Angeles had seen an actual increase in AIDS	

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	cases and in AIDS cases among people of color, but the proportion of those cases in relation to other EMAs was less than that of other jurisdictions. In part that was because of the slow start-up of HIV surveillance that encouraged providers in better overall reporting. Long Beach, for example, had developed HIV surveillance more quickly due to its small size and realized almost a 60% increase in reported AIDS cases. Surveillance catches cases of PWAs who have been in care, but whose providers had inconsistent reporting. Since current funding was based on PWAs, the number of AIDS cases was lower to the extent that progression of HIV to AIDS was delayed by good care.	
	Mr. Henry continued, saying that the publicly funded system tested about 85,000 people a year of whom about 1,200 test HIV+. The private health care system provided additional testing. He noted that the PPC and Mario Pérez, Director of OAPP Prevention Services, had been working to ensure that testing was targeted as well as possible on the highest risk populations. For example, there was a 4 - 5% HIV+ rate among clients' friends and partners. General population testing usually resulted in a 1 - 2% HIV+ rate. By testing more wisely, he noted, more cases could be identified with the tests already being funded.	
	Mr. Henry continued with the OAPP report, noting that he and staff had met last week with staff from the BOS Executive Office to further the process of transferring Commission support staff to that office. He said he had supported that move since his arrival in LA, and was excited to see it happening. The move is scheduled to be effective as of July 1st.	
	The Executive Office would need to work with the Chief Administrative Office (CAO) and the Department of Human Resources to allocate the items. He explained that, in the County system, it was first necessary to have funds dedicated to a specific personnel purpose as evidence to initiate allocation. Allocating items, holding exams, recruiting and finally hiring people was a long process. Mr. Henry said he, Ms. Messore and others would be meeting with various offices the following week to discuss the Commission's allocation of funds for staff and the priorities it had set. He added that Executive Office staff had attended the previous Commission meeting and hoped they would attend all the meetings since they would be managing support staff as of July 1, 2003.	
	Mr. Henry noted that there were currently four items allocated: two filled and two vacant. Because of the current transition process, the CAO had wanted to delay filling the vacant items until after the transition. The Commission Co-Chairs has persuaded the CAO to reverse its decision, so OAPP was moving forward to try to fill the two vacancies.	

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	Ms. Messore added that HRSA supported moving Commission staff out of OAPP to foster greater autonomy and membership leadership. The CARE Act clearly provided the authority for that transition. That did not mean, she added, that the Commission should not continue to work closely with OAPP, which had provided not only staffing but also leadership and overall support with OAPP resources.	
	Continuing with the OAPP report, Mr. Henry said that, according to conversations and e-mails he had been informed that California had received a reduced Title II award, which would probably result in a slight reduction in the State's Title II award to Los Angeles. The State had some authority to determine the amount of funds allocated to the consortia versus ADAP. He explained that, while separate ADAP funds were received by the State, at least half of consortia funds ordinarily are allocated to ADAP.	
	Mr. Henry reminded the Commission that OAPP had had ongoing concerns about how the State Office of AIDS allocated Title II consortia funds. He said their approach did not utilize factors like those used by HRSA that provide data on total living AIDS cases. The formula used only looked at AIDS cases diagnosed during the last two years and those cases were counted twice. Mr. Henry felt that neglected PWAs who had lived longer than two years. Despite some past discussions and commitments that the formula would be reviewed, adjusted and made available for public comment, that had not happened according to Mr. Henry. Instead, he related that the State had told him that the same formula would be rolled over for use again this year. Mr. Henry said he was concerned, since funds would be lost to Los Angeles under that formula. San Diego, where HIV surveillance had been piloted for two years, could see an increase due to the earlier discussed increase in PWA diagnoses developed through HIV surveillance. Mr. Henry felt the State should address those imbalances .	
	Mr. Jacobs suggested the State formula issue be referred to the Joint Public Policy (JPP) Committee to develop recommendations, since the problem had been discussed several times before at Commission meetings. Mr. Engeran said that as a JPP member, he supported the Committee's review of the subject. Mr. Henry suggested JPP might want to contact other California EMAs on the subject. It was not a well understood formula, and others might want to join with Los Angeles for a combined voice in requesting its review if they better understood it.	
	On a different subject, Mr. Jacobs asked if there had been any discussions about the restructuring aspect of the Strategic Plan or only about	

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	the staffing aspect. Ms. DeAugustine replied that there had been a Joint Executive Committee meeting the prior week on the subject. A timeline to address restructuring issues was developed. She said a further report was planned during the Co-Chairs' report.	
	Mr. Henry went on to address the client advocacy-related issues previously raised by Mr. Page. He clarify he had clearly stated at the February Executive Committee meeting that he would not attend the March Commission meeting due to the conflicting CPLS Conference in New York. That had also been Ms. DeAugustine's recollection and staff had verified it by checking the tape. He noted that he had not, therefore, promised to report on the client advocacy at that time.	
	He went on to say that he had since had a meeting with the P&P Co-Chairs, and expected that they would address it in their report. He said the record of Commission intentions for the service was rather cursory. He depended on the record, he said, for guidance in developing solicitations for service. He had committed to attending the P&P meeting to discuss some approaches he recommended and to receive input on how they would like to proceed. He anticipated their continued participation in fleshing out the guidance. Clear documentation of that process was important for both the RFP and the application. He had also suggested P&P review similar services funded by OAPP to distinguish its intent for this new service from the others. That was important, he noted, so that providers wishing to compete for funds could target their applications, distinguishing them from other services they might already be providing.	
• HRSA Report	Ms. Messore began her report by responding to a question from Mr. Ballesteros on how HRSA defined Unmet Need – those people in the EMA who know their status but were not in care. HRSA defined "in care", she said, as those receiving regular primary care, not simply receiving any service in the care continuum. She said the University of San Francisco had been working on a formula and process to determine the number. The formula was fairly simple, she noted, but the process was complex and relied on a large amount of data.	
	That formula was about to become a pilot, she said. An appendix in the next application would require each EMA to develop an estimate of Unmet Need using the formula. This would be part of the pilot program for the formula and would not be scored, she said. It would assist HRSA in evaluating the formula and identifying barriers to its use. The following year's application would probably require the formula to be used and reported on in the application proper. The more difficult task would be to	

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	target specific communities within an EMA where "unmet need" is greater. The University is currently working on that, she noted.	
	Mr. Jacobs asked what the definition of "primary care" was. Mr. Henry responded that he had been on that committee. The definition that resulted was anyone who accessed primary medical care at least once a year. That number was chosen partly because numbers were determined by chart review, which made multiple visits burdensome to verify.	
	Ms. Messore continued by extending congratulations on the success of the application. She said it had improved immensely and consistently. Last year, she noted, the first fruits of much of the hard work done began to show, but this year they had a full impact on the application quality.	
	Ms. Messore noted the EMA had done very well with accurate and timely submissions of COAs that were responsible for a large number of points. She stated there had been an outstanding job done with the Severe Need section, as well. After reading many applications, she said, Los Angeles is one of the few jurisdictions that understands the concept of Severe Need, and is able to document it for the EMA. There is good data showing how the populations being served contribute to costs. This type of work, she added, supports a larger staffing pattern; since it relies on time-consuming, labor-intensive documentation and analysis of data and costs.	
	She understood that scoring was somewhat lopsided. COAs and Severe Need represent so many points that other areas, like Planning Council Roles and Responsibilities, end up with fewer points than the amount of work required would suggest.	
	Calling attention to the FY2003 Title I EMA Review in the packet, she noted there were a lot of strengths, especially in high point areas, and few weaknesses in the application. .	
	Regarding Grantee Administration, she noted OAPP did an excellent job of monitoring providers, with good tools, a good process and the ability to monitor the programs of nearly all providers annually. She added that HRSA was very pleased with OAPP's on-site monitoring. Some EMAs only monitored about one-third of providers yearly.	
	Ms. Messore noted one weakness was that not all providers were being monitored to ensure that those clients eligible for Medicaid were actually receiving Medicaid funds. She was aware that problem was in the process of being addressed with technical assistance. She said it was incumbent on EMAs in this time of tight funds to ensure that CARE Act funds are truly used as funds of last resort. HRSA had always had that requirement, but would be tightening its enforcement.	

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	Severe Need was documented well, she continued. Especially noteworthy were the Table 6s that documented need among special populations. Data on six populations was required, she noted, but about a dozen were done. A significant amount of data was provided. The material provided on the large undocumented population was particularly impressive, she added, despite the fact that HRSA had not provided much technical assistance in that area.	
	Ms. Messore linked the importance of information on special populations to the legislation, particularly in regards to primary care. Since planning is so important, better identification of those who do not know their HIV status, or who know but are not in care, advance planning for necessary care is needed.	
	A weakness under Severe Need, she continued, was analyzing the cost of various services. Ms. Messore recognized that the task was difficult and that Los Angeles County was better than many other EMAs. Nevertheless, it could be improved and she knew that OAPP was working to improve data. Part of the Severe Need formula evaluated the cost of providing services, along with extra costs associated with providing services to special populations in the EMA. She emphasized that was an aspect compared among EMAs, since the legislation required funds to go to those areas with the most severe need.	
	Concerning Impact of Title I Funds, she noted a weakness in details of the use of MAI funds to reduce disparities and improve access. While this funding was relatively small, planning that resulted in a more demonstrable utilization of the funds would benefit the application.	
	An excellent job had been done in fulfilling Planning Council Mandated Roles/Responsibilities. She did not note any weaknesses in that area.	
	Ms. Messore said she felt there would be agreement that Quality Management and Outcomes Evaluation was an area still being developed. She pointed out that work remained on such building blocks of evaluation as standards of care, outcomes, and indicators. Those basics provided information on the effectiveness of services. She acknowledged that work was being done and technical assistance was being used. She added that women, infants, children and youth (WICY) should also have specific objectives and goals supported by funding.	
	She reminded people that those reading and scoring applications did not know the circumstances in the particular EMA. That made actual work put on the page of great importance. She felt the quality of the application's writing and presentations had improved significantly over the last two years. This application was superb, she said, and the writers should	

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	be complemented.	
	She also congratulated the Commission's consumer members. While one COA point was lost due to not meeting reflectiveness by the due date, she felt that would not happen again. She added that she had met the incoming members last year and was impressed by the significant Commissioner skill development since then. She said she had heard many compliments on the work consumer members had done. Ms. Messore concluded by saying that LAC provided a good example for other planning councils; she applauded the Commission and their work.	
	She went on to congratulate the Commission on its Comprehensive Care Plan, required for the application this year. She understood how much work it had entailed. She appreciated its development as a road map to plan the next three years of work and service development. Project officers have been required to read their EMAs' Comprehensive Care Plans in detail and to use them to monitor progress in meeting the goals and objectives identified in the plans.	
	Ms. Messore stated there were several things HRSA was now emphasizing. A strong emphasis remained on the planning process. Service evaluation was increasing in emphasis. While still being developed in LAC, that focus would need to be continued.	
	A strong emphasis had developed on coordination with prevention. HRSA had already begun working with the CDC on the Federal level. For example, a combined HRSA-CDC AIDS Advisory Committee had replaced the HRSA AIDS Advisory Committee. That kind of cooperation was expected at the local level as well. As previously mentioned, funding that was level or decreased in some cases demanded close attention to coordination with third party funding sources of all kinds.	
	Reauthorization would occur in 2005. Issues to be addressed in that process were being developed. It was hoped that results from studies required in the last reauthorization would be available for use in the next. The shift to HIV reporting for funding formulas should be in use by then, though that depended on whether all states had developed reliable HIV data. Current legislation mandated that HIV data be adequate for use by 2007 at the latest. HRSA recognized there would be a transitional period of AIDS reporting during which those EMAs better at providing care, and, therefore, slowing progression to AIDS, would lose points to EMAs with higher AIDS rates. Once reporting was based on HIV, that disincentive to good care would be eliminated.	
	Mr. Hamilton asked about staffing, saying that while he was glad to hear that positions would be filled, he noted that he sat on the SOC	

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	Committee and there had been no minutes for months. He asked if new staff would address that problem since each month SOC had to essentially recreate prior work. Ms. DeAugustine said the transfer out of OAPP was anticipated to address that concern, and that it was a priority. She noted that when she and Mr. Ballesteros met with Dr. Schunhoff, Fred Leaf and Dr. Garthwaite, the need for staff to address the priorities was discussed. It was also discussed with the Health Deputies. The four positions Mr. Henry had discussed earlier, the secretarial and administrative positions, would be moved first	
	Mr. Jacobs asked if those positions were approved. Mr. Henry said the first four items were already allocated. They included items for Jane Nachazel and Martha Ruiz, who currently provided meeting support. Due to staff vacancies, priority had been given to minutes for the Commission and Executive Committee, he said. Paperwork had been processed by OAPP for the other two positions. Originally, the Chief Administrative Office (CAO) had denied OAPP's request to fill them, but the Co-Chairs had intervened and the decision was reversed. The CAO originally thought the positions did not need to be filled until after the transition. He said another delay was in obtaining lists of candidates. For example, while there had been an open examination for Commission Secretary, the list had not been promulgated in a timely fashion because part of the score required supervisors to appraise candidates and some had not turned in the required appraisals. Ms. DeAugustine said the Co-Chairs had discussed a June start date with Dr. Schunhoff for those two items. Mr. Henry added that Ms. Messore planned to discuss the problem in her meetings with Dr. Garthwaite, the CAO and the Executive Office.	
	Mr. Scott congratulated all those who worked on the application for securing an increase in funding. In consideration of the probability of flat or decreasing funding in future, he said attention to the application process would be even more important. He noted that last year he had expressed concern that MAI funds were not identified with specific improvements in access or reduced disparities. That was cited as a weakness in the review, and he hoped that the Commission could turn it into a strength in future years. Mr. Henry said there were indicators in the application already, like reductions in viral load and increases in CD4 counts. The indicators that OAPP developed had been adopted by HRSA's evaluation branch, he said. He was not sure if the application had clearly articulated that, but it would be reviewed.	
	Dr. Jordan first thanked OAPP staff for all the fine work required for this	

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	level of application. He said he was concerned that some of the most significantly impacted areas, like the Southeast and Newark, New Jersey, might not have the kind of staff capable of crafting the level of application they required. He asked if there was a failsafe in the system to help such areas receive needed services. Ms. Messore answered that the issue had been discussed. Some smaller EMAs, like those receiving only $4M, have felt the 5% administrative cap was too low. She said, in addition to staff, the application had become much more data driven. Sometimes processes were not adequate to collect it. Ms. Messore noted that Program Support was also funded allocation category, and could be used to supported things that helped produce needed data – for example, management information systems.	
	Mr. Henry added that HRSA conducted the All-Titles meeting to provide EMAs with technical assistance. HRSA had invited him to do a work-shop on quantifying Severe Need at the last one. The person who did the Baltimore application had been in the workshop and followed up with him by phone. Baltimore received the largest dollar increase this year and she called to thank him for his contribution to their success. That kind of peer assistance helped smaller EMAs to compete, he said.	
	Ms. DeAugustine felt the All-Titles Conference was very valuable. While she generally did not favor large conferences, she found it one of the most informative meetings she had ever attended. She came away with information that could be taken and applied. HRSA was starting to plan the next one and would like suggestions.	
	Dr. Clavreul referred to the question raised in Public Comment, noting that the speaker had said over $1M would be going to OAPP. She asked how much in funding would be used for specific employees. She noted OAPP had a fairly large staff of over 200 employees. She asked how many employees were paid for by the Commission and if it was possible for them to be identified. Mr. Henry replied the information was in the application budgets.	
	Mr. Land pointed out that among the pros and cons of doing good work was that the bar was constantly raised. Work, such as meeting direc-tives – as well as creating and disseminating the Comprehensive Care Plan – required work. When Committees come back to the Commission with projects such as standards development, it should be recognized how that work affects the application. Mr. Henry concurred, noting that the CARE Act was a beautiful piece of legislation: it expects a collabora-tive partnership among states and localities; it and HRSA guidance expect that planning, program service and service delivery systems	

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	constantly mature; that those processes require effective staff for the administrative agency and planning council. He concluded by commending the Commission for its work.	
	Mr. Jacobs asked if there had been discussions on changing to a two-year application process due to the magnitude of work required. Ms. Messore answered there had been discussions, but no decisions had been made. There had been some reorganization in HRSA: for example, the HIV AIDS Bureau used to have its own grants management office, but it had been consolidated with others into one HRSA grants management office. There was currently a review of what needed to be in applications and who would review them. There had recently been two meetings on simplifying both Title I and II applications. Mr. Vincent-Jones said there had been discussions on making the grant, or parts of it, bi-annual. He noted it was also underscored that the application process, though burdensome, did effectively force the EMA to review itself closely and on an annual basis, and it was discussed that that emphasis should not be lost in the process. Mr. Freehill added that the epidemic changed frequently and the ability to respond to that needed to be retained as well.	
VII. HIV/Epidemiology Program Report	Mr. Bunch acknowledged that HIV reporting was improving. As of March 2003, Los Angeles County had reported 3,886 cases, which included 708 Long Beach cases and 23 Pasadena cases. He said that just over 1,000 cases had been reported the prior month, so the improvement was notable. He felt the higher level from March appeared sustainable. It could increase further due to technical assistance for several sites to set up an electronic reporting system combining Casewatch with other existing databases. A large download of cases from such sites was anticipated in the next few weeks, he said.	
	He said 13 or 14 temporary staff items he had for this year awaited BOS approval. They had been approved by the Health Deputies and were scheduled for the BOS April 15th agenda. Once hired, that would also help improve reporting.	
	Mr. Bunch reported significant variability in reporting levels among sites, both public and private. Counseling and testing sites were consistently among the worst reporters. In comparison to other California areas, San Diego had reported 3,000 cases through March, and San Francisco had reported 1,800.	
	Mr. Bunch added that 175 AIDS cases were reported in March. The increase in those reports over the norm continues as a function of laboratory surveillance picking up previously unreported cases.	

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	He noted that his staff had planned to attend the P&P Committee last month to provide more detailed information about the surveillance process. They had been unable to go because all were called to a Sacramento meeting, but said they would be at the next P&P meeting.	
	Alicia Avalos, AIDS Healthcare Foundation, asked what the procedure was to obtain a Commission letter of support for an agency applying for a grant. Ms. DeAugustine said she would explain it to her at the break.	
	Dr. Jordon asked if there were a breakdown of how various sources, like private physicians and hospitals, were reporting. He also asked about redundancy levels. Mr. Bunch replied that the Commission had decided that information would be reported to P&P quarterly, and P&P would bring it to the Commission. He added that Commission support had been very helpful in encouraging submissions. Mr. Henry contributed that the data collection contractor, ACMS, was working to incorporate reporting into Casewatch so it would be easier for providers who use that program. He added that Diana Vasquez, Manager, Medical Services, had increased program monitoring of contract requirements, and, as previously mentioned, contract language had also been increased to highlight the requirement.	
	Mr. Jacobs asked how many cases per month were anticipated. Mr. Bunch said they had known in advance that numbers would be high and there would be an issue in staff keeping up with basic submissions. For perspective, he said that had been 53,000 laboratory reports submitted to HIV Epidemiology since July 2002. Of those, 77% were reported electronically and 24%, or 13,000, had been unduplicated Mr. Henry added that there were 20,000 patients in the care system. Mr. Bunch said their current non-AIDS HIV prevalence was around 30,000.	
	Mr. Jacobs felt providers had been treated very cordially to date. At this point, he suggested, those that were still not providing reports should be treated more aggressively. He asked if there was a deadline after which stricter measures would be engaged. Mr. Bunch responded that there was no timeline as yet, but they planned to develop a procedure with P&P's input. He noted there were methods to push providers, but they had felt it was not necessary to do so when HIV Epidemiology had insufficient staff to handle an increased load. Ms. DeAugustine added that the delay also allowed providers to take advantage of technical assistance. Pressure would be applied later, if needed. Mr. Henry added there were also different levels of leverage among providers. For example, those with OAPP contracts could be held to contractual requirements. Dr. Fielding had approved Mr. Henry's suggestion to	

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	send letters to providers requesting they report their number of patients. That could be correlated to reports. Ultimately, a report would be published on provider reporting. Mr. Bunch noted that providers who were not under contract to OAPP still needed to meet the CMA's definition of "professional conduct" which included timely reporting.	
VIII. State Office of AIDS Report	Dana Pierce-Hedge was unable to attend, but Mr. Ballesteros reported on a conversation he had with her. The State Title II award was less than had been anticipated, he said. Consequently, internal discussions were focusing on how to allocate funds among local consortia and various departments. Ms. Pierce-Hedge had told him official notice would be available to EMAs shortly.	
	Mr. Ballesteros said he had specifically asked about ADAP. She said no final decisions had been made. The goal was to make up $7.2M in co-payments. The current scenario initiated co-payments at 201% of the Federal Poverty Level (FPL). Mr. Jacobs noted that 200% of FPL for a single person was $17,700 and that 200% of FPL for a family was $26,940. The proposed co-payment for those with income from 201% to 300% of FPL would be $30 per prescription. It was estimated that 3,500 people would be affected statewide. Those at 200% or less of FPL, for whom there would be no co-payment, were estimated to be 78% of those who received their medications through ADAP. Those with income ranging from 301% to 400% of FPL would pay $45 per prescription; those over 401% of FPL would pay $50.	
	Mr. Jacobs said that there would ADAP budget hearings on April 22nd in Sacramento. He knew many people would be going to discuss the impact of co-payments on those living with HIV disease in Los Angeles County. Ms. DeAugustine said the JPP Committee had also been active in encouraging people to advocate with their representatives at all levels.	
	Mr. Jacobs then asked if Ms. Pierce-Hedge had had any information on MediCal reimbursement rates, reinstatement of the previous $300 share of cost, and/or elimination of DentiCal. Mr. Ballesteros said she had had no new information. Ms. DeAugustine said legislator s had backed off from reducing the rates. Mr. Henry added that Assemblywoman Chu of Los Angeles was on the Health Committee and very concerned about both ADAP and MediCal. He added he was concerned about the viral resistance testing program. The State Office of AIDS had nominated that to be de-funded. At $400 per voucher, it would place a significant drain on Medical Outpatient funds if providers needed to utilize those funds instead. He also felt it was helpful to have reports collected at the State level, as that provided a means to track resistant strains in	

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	California – a subject of some concern. He noted funds for many areas – like viral load testing and consortia – had come from the State for years. If lost, the gap would be significant.	
	Mr. Freehill noted that Title II Consortia funding comes in two parts. One part comprises State allocations among 4 - 5 programs. Those include consortia programs, ADAP and community-based programs. There used to be statutory language in the CARE Act that mandated 50% of Title II funds be designated for consortia. That was eliminated in 1995. The proportion of funds for consortia had decreased over time to about 44%. That, he felt, needed to be addressed first. The second was the formula by which consortia were awarded funds according to need. As had been discussed previously, he felt the formula was not accurate.	
	Dr. Jordan reported that the Oasis Clinic had reviewed their patients to determine the effect of share of cost. Using $100 per month as a share of cost, it was estimated that only 5% of Oasis patients would continue to take their medications. That would mean that their population could not realistically be treated. However, he felt it was important for the Commission to work to ensure that all medications were prescribed and taken correctly. Patients who did not take their medications consistently prompted the development of resistant strains that were much harder to treat.	
	Mr. Ballesteros felt the Commission should send a letter supporting protection and, if possible increase, of these programs. He asked for suggestions in drafting. Mr. Jacobs said that, in the past, the JPP Committee had drafted letters that were then submitted to the Executive Committee who brought them to the Commission. They then went to the BOS. Mr. Ballesteros was concerned about that time frame, but Ms. DeAugustine felt no one was acting quickly. She had heard the budget might not be completed during this calendar year.	
	Mr. Page asked if there was an approach to ADAP that would support other new medications as they appeared. Ms. DeAugustine replied that it would be on the formulary. The question is whether ADAP would be able to support the medications on the formulary at a cost patients can afford.	
	Mr. Ballesteros suggested two separate letters: one on protecting ADAP; the other protecting the Title II funds for resistance testing, consortia and community-based care. He felt that would be more useful since the ADAP issue would be an ongoing one.	
	Mr. Freehill noted that the ADAP formulary, unlike MediCal, was bound by cost neutrality. A California law required MediCal to put any drug	

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	approved for treatment of HIV on its formulary. Since the State matched MediCal funds, however, that would put additional pressure on the State budget. He noted that it created two separate systems of care for people depending on their funding. Someone receiving ADAP might not be able to get a new medication at all, while someone on MediCal could. That could prompt people to quit their jobs and make other adjustments in order to qualify for MediCal. Pointing out that inconsistency could place pressure on the State to review its entire system of medication support.	
	Mr. Engeran agreed the subject should be referred to JPP. He felt the Committee should not only craft a letter, but also review the policy and recommend a plan to follow-up on the subject, for example, with the BOS. He recommended a cohesive plan on language, communication and the dissemination of information for a unified effort. He encouraged people to attend the JPP to contribute their views and assistance.	
IX. Select Committee on Prevention Planning Report	Ms. Ortega reported their colloquia presentation was "Using Microsoft for Data Management and Analysis in HIV Prevention Programs" by Sung Lee and Ronald Brooks. She continued that a motion was passed (19 ayes, 0 nay, 3 abstentions) to send a letter to Dr. Fielding urgently requesting a response to the Purchase Order for the consultant to develop the Prevention Plan. The PPC Summit was scheduled for May 1st, she said.	
	There was a report from PPC members who had attended the Community Planning Leadership Summit (CPLS) in New York. The members felt the PPC was ahead of other areas in its planning process and methodology. The Youth Leadership Subcommittee had also reported there on how it functions as part of the planning body.	
	The STD report focused on access issues pertaining to immigration. That was a significant concern in light of the large number of undocumented individuals and those dealing with other aspects of immigration status in Los Angeles County. Also pertaining to STDs, the Commercial Sex Venues Initiative had initiated a meeting.	
	Ms. Ortega said she would be incorporating requests for information between the PPC and the Commission. Last month the Commission had asked for information about training for PPC members. She reported that there was ongoing training in the PPC subcommittees. That was the usual forum for in-service training. Members were also encouraged to attend other trainings, she said.	
	The Commission had also asked what the PPC staffing needs were. The PPC's response was that the Task Force that developed	

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	recommendations for the merger had touched on the issue, but never returned to address it. Consequently, the PPC never had the opportunity to articulate its staffing needs. Ms. DeAugustine related that the subject had also come up in the Joint Executive Committee Meeting that on the subject. The Joint Executive Committee agreed to incorporate the subject into the timeline for potential merger, so it was now being discussed.	
	Regarding the potential merger, Ms. Ortega said there had been significant public discussion on the importance of determining how a merged body would keep a strong focus on both prevention and care.	
X. Recess	The Commission had recessed after the HIV Epidemiology Report.	
XI. Co-Chairs' Report	Ms. DeAugustine noted that the Commission started the development of Committee Work Plans at the 2001 retreat. Development of the overall Commission Work Plan, in conjunction with refinement of the committee plans, was addressed at the 2002 retreat. The Executive Committee had now completed its review of that work. The review, assisted by Diane Burbie, corrected overlapping charges, ensured assignment of overlooked responsibilities, coordinated charges that needed to be addressed by more than one committee, and ensured apt timelines.	
	Ms. Burbie noted the Work Plan had been addressed on several levels: at Commission meetings, at retreats, at committee meetings, through collaboration between committees. She said there was substantive conversation throughout this process not only about task specificity, but about clarification of roles and confirmation of fundamental concepts like operating structure systems. The systems and processes developed were derived from the Comprehensive Care Plan. They also provided a systemic structure for how the Commission's work lead into the application process. The Comprehensive Care Plan directives provided the framework for the 2002 retreat to ensure that all directives were assigned to a committee. Many directives were shared, with the work of one committee leading into that of another.	
	Ms. Burbie emphasized that the process supported integrating new information from each planning year into the Work Plan. For example, information about gaps, emerging needs or new service categories had been incorporated specifically into action plans that were structured around protocols that triggered conversations when a new issue was raised in the planning and priorities process. She said, in essence, the Commission had moved from good intent to good systems that allowed for forward thinking and progressive approaches to the work.	
	Ms. Burbie said the Executive Committee had overall responsibility for	

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	monitoring and oversight of Work Plan implementation. All committees were represented by their co-chairs on the Executive Committee with each committee's co-chairs reporting on their area of work. She recommended that the Executive Committee also needed to step in should a committee's report indicate that a time frame was not being met or an issue was developing in a way not envisioned. Under such circumstances the Executive Committee could offer help to get back on schedule, for example, or develop a different approach to the task.	
	She continued that the new and evolving issues should be addressed quarterly. For example, what new indicators might need to be fed into the next year's planning process? The retreat process would no longer require developing a work plan from scratch. Instead, the plan was a living document that could be reviewed and revised each year.	
	Each committee had made good progress in building communication with the community into its work process. Communicating at milestones in a work process rather than at its completion enhanced overall understanding and dialogue. The bar of intentions had been raised, she noted, but managing the implementation would require Executive Committee guidance. The volume of work that had been accepted by committees was significant. It would call for significant work to ensure the community was informed. She said there was already evidence of better communication in the planned collaboration among committees. She said intra-Commission communication was vastly improved from the previous year. It was now concerted, deliberate, clear and cooperative.	
	She added that communication and coordination between the Commission and OAPP was also built into the Work Plan. It was already enhancing productivity through such related activities as the quarterly HIV Epidemiology report to P&P.	
	Ms. DeAugustine said the Executive Committee had listened to requests from committees and individuals during the development of this process. One such request was a master calendar to provide an overview of the timeline and identified responsibilities by committee. That was incorporated at the front of the Consolidated Work Plan. She thanked Ms. Burbie and Mr. Vincent-Jones for their work on the complex task.	
	Ms. DeAugustine noted it needed to be adopted for the application. Mr. Jacobs complemented it and said in six years on the Commission, he had never seen so helpful a product. Dr. Clavreul questioned the presence of a quorum. It was established that one existed.	**MOTION #3:** Adopt Master Calendar and Work Plan for FY 2003-2006 ***(Passed: 25 ayes, 1 opposed).***
	Ms. DeAugustine then updated information on the Strategic Plan recommendation to combine the Commission and the PPC. The Joint	

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	Executive Committees had met twice. As a result of the second meeting, with the help of Mark Etzel of the PPC, a timeline and process was developed to review the proposal. The same presentation on the recommendation would be given at the May meetings of both bodies. Several motions would also be presented for review by the bodies. They would not be voted until June to provide an opportunity for members to consider the material before approval, rejection or change. Following the June meetings, the Joint Executive Committees would meet again to address the results of the votes. While not a formal Joint Commission-PPC meeting, all members would be invited.	
	Once feedback was incorporated into the proposal, it would be presented to DHS, the CAO and the BOS. Mr. Ballesteros noted that the staffing pattern and restructuring issues had been separated from the issue of the merger so that each could receive appropriate attention. He added that it had been made clear to all the departments involved that the bodies would only merge if both agreed. Ms. DeAugustine added that, while DHS might feel the merger was a good idea, it would not proceed without the bodies' support especially since the concept was originally developed by the bodies. She noted that the PPC had a different guidance from the PPC than did the Commission from HRSA. At the same time, it was important for the two bodies to work together more closely. The question was how best to do that.	
	Mr. Engeran asked if there was a public mechanism to gather input from DHS. Ms. DeAugustine said it had been suggested to invite them to the presentation. Mr. Ballesteros said it was important since the plans would eventually need to converge. The Co-Chairs agreed to discuss the subject with the PPC Co-Chairs.	
	Mr. Henry suggested the meeting be extended for 15 minutes and that the agenda order be revised so the Co-Chair of the JPP Committee could give his report before he needed to leave.	**MOTION #A:** Extend meeting by 15 minutes and change Agenda Order to open Standing Committee Reports with Joint Public Policy ***(Passed by consensus)*****.**
XII. Standing Committee Reports • *Joint Public Policy*	Mr. Molina called attention to the guidelines for considering legislation, included in the packet. The proposed "Process for Recommending Policy Priorities, Recommending Action on a Policy Issue", and "Criteria for Recommending Action on Policy Issues" were developed by the JPP Committee were developed to help frame issues and plan responses.	
	Mr. Jacobs asked if the JPP would do presentations to the Commission on legislation affecting HIV disease, and if Commissioners could provide input through the JPP. Mr. Molina responded affirmatively to both	**MOTION #5**: Adopt guidelines for considering legislation ***(Passed: 22 ayes, 1 abstention)*****.**

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	questions, noting that the earlier an issue was raised, the sooner JPP members could review it.	
	Mr. Molina raised the concern that JPP often lacked a quorum. Noting how much work there was to be done, he recommended that the Commission address these attendance issues soon and seriously.	
	Regarding AB 2197 (Koretz), State DHS had committed to full implementation because it is cost-neutral. It expanded MediCal to those who were HIV+. Implementation required a waiver that was being developed. Mr. Jacobs noted that a meeting to submit the white paper had been held. Once comments were received, the final draft would be prepared. Mr. Ballesteros requested that Mr. Molina recommend to the Koretz office that the white paper receive good circulation in the community. Mr. Molina said that was already being done.	
	AB 879 (Koretz) passed out of the Health Committee 16 to 5. Mr. Jacobs indicated that it would create a task force involving researchers, medical providers and community members to develop post-exposure prophylaxis for people who may have been exposed to HIV through non-commercial means like needle sticks or inadvertent sexual exposure. It is also cost neutral.	
	Mr. Molina said he had been asked to follow-up on two housing issues. He had spoken with the Housing Deputy for Mayor Hahn, Carmen Sila. HOPWA has about $800K unspent, however, the funds would not be returned, as they resulted from late billing. They anticipated all funds would be expended. He also requested information about LACHAC representation on the Commission and invitations for Commissioners to attend LACHAC meetings. She said she would help improve communication between the Commission and LACHAC.	
	On a related issue, Mr. Eastman noted that he had requested that the Commission write a letter to support District 9 Councilwoman Jan Perry's letter requesting a year-round homeless shelter. Last year Councilwoman Perry had proposed re-zoning downtown that would have eliminatee many SROs. Proposing a new shelter outside downtown area would redistribute the homeless to reduce the high burden that downtown shoulders for homelessness. Councilwoman Perry's letter had gone to the BOS and asked Los Angeles County to assume more responsibility for its share of homeless services. Mr. Molina expressed the opinion that, as a County entity, the Commission should be careful in how it crafted any letter it wrote. He also suggested talking with the BOS Housing Deputies before further action.	
	Mr. Jacobs asked if he had received any information on the Section 8	

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	fast-track program that was eliminated last year, and also asked if he had been given any time frame on the appointment of a new AIDS Coordinator. Mr. Molina responded that he did not have information on either. Ms. DeAugustine committed the Co-Chairs to following-up on that. Mr. Jacobs reminded the Commission that about a year ago the Commission had voted to put together a subcommittee on housing issues with Commissioners and LACHAC members interested in housing issues. Mr. Vincent-Jones responded that it had been delayed, but it was in the JPP section of the Work Plan.	
	Mr. Butler asked about AB 9 (Dymally) to create an HIV Health Institute at King/Drew through UCLA with Harbor and others. Mr. Butler said it would address many pertinent issues, like disparities. Mr. Molina said SCHAC had included it, but JPP had not really looked at or endorsed it.	
• *Finance*	Mr. Ma noted that the packet included the budget that the Executive Committee submitted to the BOS for YR 13 Planning Council Support, revised in accordance with the Title I award.	
	Expenditures through January 2003 for YR 12 Titles I and II were reviewed. All funds were expected to be expended by the end of the contract year. There were nine Title I-funded and one Title II-funded delinquent agencies.	
	Mr. Jacobs said he was concerned that the new staffing plan was too aggressive. Considering the State budget and possible reductions to services, he felt it would be wise to slow staffing expenditures until it was known what the impact on services would be. Ms. DeAugustine responded that it would continue to be reviewed.	
• *Priorities & Planning*	Mr. Land reported that P&P met with Mr. Henry after the March Commission meeting. It was agreed to develop a tool to assist P&P with its priority- and allocation-setting processes. The client advocacy allocation presentation would be brought to P&P at its next meeting.	
	The Eligibility Screening Form was included the packet. It was prefaced by a fact sheet that Mr. Land developed to answer questions that had been raised in the prior month. The form was designed to complement the Continuum of Care. It also identified the "net" people would need to fall through in order to qualify for some of the services.	
	He noted there were questions about housing and a concern that this form should be compatible with existing forms from other agencies. Mr. Land said much of the information from such sources was included, but CARE Act funds sometimes address factors that HUD or State funds do not. Affidavits, as used by HUD, were included with the form and, in fact, had inadvertently been left out of the packet in March.	

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	Regarding post-incarcerated continuity of care, Mr. Land said OAPP already had case managers in the facilities and an aggressive 90-day program to follow-up with the transition. That information was included in the Eligibility Screening forms.	
	Mr. Engeran asked when the form would go into effect if approved. Mr. Land replied July 1, 2003.	
	Alexander Gonzales commented that he had recently lost his insurance. He could not see a physician for two months because he did not have a recent HIV diagnosis form even though he had his medical file with him. He said it was important to be aware of how requirements impact people in care or attempting to access care. Ms. DeAugustine said the goal was to standardize needed materials so that everyone would use the same one, resulting in a simplification of the process. Mr. Haupert added that the new form would provide for emergency treatment without proof of an HIV diagnosis precisely to address such problems. People with problems should report them to P&P so adjustments could be made. The ultimate goal was to have one registration cover all sites.	
	Mr. Jacobs asked how close a universal registration was. Mr. Haupert said this form was compatible with Casewatch. Since most large providers used Casewatch, it should be of great benefit. The largest problem was not technology, he added, but in assisting multiple providers to adapt their procedures to accommodate the new form. The form was anticipated, as noted in the fact sheet, to be modified as needed from July 2003 through February 2004. At that point, it should be possible to incorporate it into contracts.	**MOTION #4:** Adopt Eligibility Screening/Intake Processes ***(Passed: 17 ayes, 3 abstentions).***
• *Recruitment, Diversity & Bylaws*	Mr. Butler reported application packets were being distributed for the recruitment cycle. They were also available at the staff table.	
• *Standards of Care*	Dr. Jordan reported the Patient's Bill of Rights was approved at the last meeting and added to the Work Plan. It would be presented at the next Executive Committee meeting.	
XIII. Announcements	Ms. DeAugustine apologized for the change in the start of the meeting time from 8:30 to 9:30. The next meeting was planned to for 8:30 to 3:00. If that changed, a greater effort would be made to notify people.	
	She noted that the Executive Committee would meet with Ms. Messore upstairs following the Commission meeting. SOC would meet after the Executive Committee.	
	Mr. Eastman announced the first meeting of the Medical Marijuana Task Force would meet at the Hollywood Ramada Inn in August. Assemblyman Paul Koretz was co-sponsoring it.	
	Mr. Jacobs announced that the Southern California Advocacy Coalition	

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	(SCHAC) was sponsoring a Lobby Day in Sacramento on Monday, April 21st. The focus would be ADAP co-payments and Medi-Cal reimbursement rates. There would also be a district Lobby Day on April 25th. Mr. Jacobs said he could be contacted for more information.	
	Mr. Page announced a SPA 3 meeting. ADAP was on the agenda. Flyers were available for further information.	
	Mr. Ballesteros announced that the CPN for SPA 7 was unveiling a project in the Southeast. There was a major presentation that night with the parents of Gage Middle School. A volunteer network of prevention agencies had been developed in the Huntington Park area.	
	Mr. Hamilton announced that the Positive Images Consortium was going to have a leadership academy for PWHIV. They would appreciate Commission support. The next planning meeting would be April 29th at Being Alive Long Beach.	
	Mr. Hamilton also announced the National Black HIV/AIDS Awareness Day Debriefing on April 17th from 2:00 to 5:00 p.m. at the United Fellowship Church Social Justice Center. Flyers were available.	
XIV. Adjournment	The meeting was adjourned at 1:40 p.m. in memory of: Michael Harris who died April 9th at St. Francis Hospital (Dr. Jordan's oldest living AIDS patient from 1982 to 2003); Dr. Irv Weissinger, longtime AIDS practitioner (Mr. Jacobs); Jose Cruz Lopez (Mr. Page)	

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve Agenda.	***Consensus***	**Motion passes**
MOTION #2: Approve March 13, 2003 Minutes.	***Consensus***	**Motion passes**
MOTION #3: Adopt Master Calendar and Work Plan for FY 2003-2006.	**Ayes:** *Bailey, Ballesteros, Butler, Caranto, Corian, DeAugustine, Eastman, Engeran, Eugenio, Gonzales, Hamilton, Haupert, Jacobs, Jordan, Land, Lewis, Ma, Mendia, Molina, Ortega, Perry, VanVreede, West, White Bear Claws, Zamudio;* **Opposed:** *Clavreul;* **Absentions:** *none*	**Motion passes:** *25 ayes, 1 opposed, 0 abstentions*
MOTION #A: Approve extension of meeting by 15 minutes and change Agenda order to open Standing Committee Reports with Joint Public Policy.	***Consensus***	**Motion passes**
MOTION #4: Adopt Eligibility Screening/Intake Procedures.	**Ayes:** *Bailey, Ballesteros, Butler, DeAugustine, Eastman, Engeran, Eugenio, Hamilton, Haupert, Jacobs, Jordan, Land, Lewis, Ma, Palomo, Perry, VanVreede;* **Opposed:** *none;* **Abstentions:** *Caranto, Clavreul, Gonzales.*	**Motion passes:** 17 *ayes, 0 opposed, 3 abstentions*
MOTION #5: Adopt guidelines for considering legislation.	**Ayes:** *Bailey, Ballesteros, Butler, Caranto, Clavreul, DeAugustine, Eastman, Engeran, Gonzales, Hamilton, Haupert, Jacobs, Jordan, Land, Lewis, Ma, Molina, Ortega, Palomo, Perry, VanVreede, West;* **Opposed:** *none;* **Abstentions:** *Eugenio.*	**Motion passes**: *22 ayes, 0 opposed, 1 abstentions*